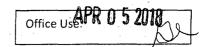


Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

Statement Information Date: 4->-(2)	
	01065 & section changed 6
Committee Information	
Delus Johnson for Missouri	
Name of Committee	(816) 390-2267
	Telephone Number
Official Committee Email Address	County Clerk or Board of Election Commissioners
Committee Type: 🔲 Campaign 🔲 Candidate 🔲 Continuing	g (PAC) Debt Service Exploratory Political Party
Treasurer/Deputy Treasurer Information	
reasurer's Name (First & Last)	Treasurer's Email Address (optional)
	()()
easurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number Treasurer's Work Telephone Number
eputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)
	()
eputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Numb
Additional Committee Information	
	Amendment
dditional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address, City State, & Jp.
onnected Organization's Name (if any)	Connected Organization's Mailing Address, City, State, & Zip
- · · · · · · · · · · · · · · · · · · ·	
ANDIDATES: Do you have more than one candidate committe Official Bank Account Information (required by all committee	
· · · · · · · · · · · · · · · · · · ·	
ame & Mailing Address, City, State, & Zip of Financial Institution	Account Name Account Number
andidate Supported or Opposed (candidate committees mus	st_include self. if candidate)
Service and the service of the servi	$a \in I(n) \setminus V(n)$ and $a \in I(n) \cap V(n)$
me & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Only)
3/2/2022	
ction Date Office Sought & Political Subdivision	Political Party Support or Oppose
allot Measure Supported or Opposed (campaign committees	must complete this section)
me of Ballot Measure	Election Date & Political Subdivision Support or Oppose
gnature(s) Check certification(s) & sign (required by all con	
I affirm and attest under penalty of perjury that information a irther acknowledge that I am aware that any false statement o	
The acknowledge that Fam aware that any false statement o	or deciaration grade necessitis punishable under Ch. 375 KSMO.
mmittee Treasyrer	Candidate (Candidate Committees Only)